



## CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU  Joseph Rakowski, RSO	DATE OF CONTACT  12/11/2019	TYPE OF CONVERSATION  <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE  <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING			
E-MAIL ADDRESS  rakowski@karmanos.org	TELEPHONE NUMBER  313-576-9616				
ORGANIZATION  Karmanos Cancer Center	DOCKET NUMBER(S)  030-09376				
LICENSE NAME AND NUMBER(S)  VHS Children's Hospital, Inc./ 21-03298-06	MAIL CONTROL NUMBER(S)  617015				
SUBJECT Request for Additional Information					
SUMMARY AND ACTION REQUIRED (IF ANY)  On 12/11/19, M. Gryglak and J. Rakowski discussed information that the licensee needs to address (see the attached email) .					
NAME OF PERSON DOCUMENTING CONVERSATION  Hagdolens Gryglak					
SIGNATURE  			DATE OF SIGNATURE  12/11/19		

## **Gryglak, Magdalena**

---

**From:** Gryglak, Magdalena  
**Sent:** Tuesday, December 03, 2019 8:33 AM  
**To:** Rakowski, Joseph; CARI DZANBAZOFF  
**Subject:** Proposed Transfer of Control of NRC License no. 21-03298-06VHS Children's Hospital of Michigan, Inc. (Control No. 617015)

Good morning,

I reviewed your requests dated 10/28/19 and 10/29/19 pertaining to the proposed transfer of control of the subject NRC license.

Please provide the following information in order for the NRC to complete its review:

- 1) Please provide the date of the planned transfer of control of the subject license and request name change, if applicable. Please have the letter signed by both involved parties.
- 2) Please provide a detailed diagram of the Cyclotron 1 (GE PETRACE 880) Area labeling each access point/door/opening including emergency doors and describe measures to control access (i.e key pad, badge control etc.) at every access point to only authorized Karmanos employees.
- 3) Please provide a detailed diagram of the Cyclotron 2 (CTI RDS-112) Area labeling each access point/door/opening including emergency doors and describe measures to control access (i.e key pad, badge control, emergency door, etc.) at every access point to only authorized Karmanos employees.
- 4) Describe the process to monitor access control (i.e. means to detect unauthorized access/alarm station/response).
- 5) Describe the response in case of an emergency such as radioactive spill or patient condition.
- 6) Describe the response in case of an emergency such as fire or flood.

Please provide the information in a signed and dated letter by January 3, 2020. You may submit your response directly to me via email.

Please let me know if you have any questions.

Thank you

**Magdalena R. Gryglak**  
**US NRC Region III**  
**630-829-9875**